

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17688**

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY OR TOWN Lamar	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13 yrs.		e. STREET ADDRESS (If rural, give location) 1701 Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) MARIE c. (Last) HANNAH			4. DATE OF DEATH July 5, 1955		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Butler, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME George Herman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Albert Hannah
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Albert Hannah, ADDRESS Lamar, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Since 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive muscular atrophy.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7103			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) LAMAR (COUNTY) Barton (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June, 1954, to July 5, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Gunder (Degree or title) M.D.	23b. ADDRESS LAMAR	23c. DATE SIGNED July 7, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Butler, Mo.
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DATE REC'D BY LOCAL REG. July 8 - 1955	REGISTRAR'S SIGNATURE Marie Kormanik	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, ADDRESS Lamar, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DCT5 1982

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence M. Chiles*.....

Licensed Embalmer No. *347*.....

P. O. Address *Tamat M.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.